



STATE OF WASHINGTON  
WASHINGTON STATE BOARD OF HEALTH  
*1102 SE Quince Street • PO Box 47990  
Olympia, Washington 98504-7990*

February 6, 2002

The Honorable Eileen Cody, Chair  
House Health Care Committee  
John L O'Brien Building, Room 245-A  
Olympia, Washington 98504-0600

Dear Representative Cody:

House Bill 2582, relating to visual screening in schools, is scheduled for a hearing before your committee on February 7. I am writing as chair of the Committee on Children's Health & Well-Being of the Washington State Board of Health to inform the committee of the Board's recent work in this area.

HB 2582 would add language to RCW 28A.210.020 that would make Washington one of a small number of states to require universal screening for "near vision acuity" in schools. Under RCW 28A.210.020, the Board adopts standards for auditory and visual screening (Chapter 246-760 WAC). Board rules require that schools screen all students for distance central vision acuity only—not for near-sightedness.

The Board recently engaged in a review of its visual and auditory screening rules. The Department of Health (DOH) and the Office of the Superintendent of Public Instruction (OSPI) worked with the Board to assure that children were getting the adequate number and types of screenings. We did not find sufficient medical and scientific evidence to justify the expense of universal near-sighted screenings in schools, which would require new technology and new training. Based on analyses conducted by DOH and OSPI, and consistent with those agencies' recommendations, the Board decided in October not to make substantive changes and delegated WAC 246-760 to DOH for housekeeping. The Board could engage in additional research and analysis if given sufficient resources.

Board rules are based on scientific evidence and economic analysis about whether to screen the entire population of schoolchildren. They do not preclude other forms of testing for symptomatic students or for those who are at risk or exhibit special needs. I cannot at this time recommend universal screening for near-sightedness. I would suggest, instead, that any child who is identified with a reading problem or other learning disability be screened before being referred to a special education program.

Sincerely,

Vickie Ybarra, RN, MPH  
Member, Washington State Board of Health

cc: Representative Gigi Talcott  
Members of the House Health Care Committee  
Ree Sailors, Governor's Office of Health Policy  
Patty Hayes, Department of Health  
Members of the Washington State Board of Health  
Don Sloma, State Board of Health